



# State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/08/2005

Business ID: 423545

William M. Gardner

Secretary of State

CUSTOM PRODUCT TECHNOLOGIES, LLC

37 CHRISTMAS TREE CIRCLE

BEDFORD, NH 03110

ADDRESS OF PRINCIPAL OFFICE:

37 CHRISTMAS TREE CIRCLE

BEDFORD, NH 03110

REGISTERED AGENT AND OFFICE:

JONATHAN A CHORLIAN

ONE EAGLE SQUARE, P.O. BOX 3550

CONCORD, NH 03302

ENTITY TYPE: LLC

BUSINESS ID: 423545

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 000000000

SALES REPRESENTATIVE FOR CUSTOM MOLDED PLASTIC AND  
METAL MANUFACTURERS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MEMB. DAVID DINARDO

STREET 37 CHRISTMAS TREE CIRCLE

CITY/STATE/ZIP BEDFORD NH 03110

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

## MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

DAVID DINARDO

Please print name and title of signer:

DAVID DINARDO

/

AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529